

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018721  
STATE FILE NUMBER

FILED MAY 27 1959 Registration District No. 282 Primary Registration District No. Registrar's No. 66

|  |                                  |   |  |
|--|----------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Polk</b>   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Cedar</b>                    |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Humansville</b>   |                                  | c. CITY OR TOWN <b>Stockton</b>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Dimmitt Hosp.</b>  |                                  | d. STREET ADDRESS <b>5 Miles East</b>   |  |
| Length of stay in lb<br><b>5 Days</b>  |                                  | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First Middle Last<br><b>ORA COWAN BERRY</b>  |                                  | 4. DATE OF DEATH<br>Month Day Year<br><b>May 1, 1959</b>  |  |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Aug. 30, 1880</b>           |
| 9. AGE (In years, months, days)<br><b>78</b>   |                                  | 10. UNDER 1 YEAR<br>Months Days Hours Min.  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Own Home</b>  |  |
| 11. BIRTHPLACE (City and state or country)<br><b>Dadeville, Mo.</b>  |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |  |
| 13a. FATHER'S NAME<br><b>William Cowan</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Armintha Carlock</b>  |  |
| 14. NAME OF HUSBAND OR WIFE<br><b>Ralph Berry</b>  |                                  | 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>                                   |  |
| 16. SOCIAL SECURITY NO.<br><b>None</b>   |                                  | 17. INFORMANT<br>Address<br><b>Ralph Berry, Stockton, Mo.</b>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Large Bowel Obstruction</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) _____<br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |                                  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>10 DAYS</b> |
| 20a. ACCIDENT SUICIDE HOMICIDE<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |                                  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year  |                                  |   |  |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  |
| 20f. CITY, TOWN, OR LOCATION   |                                  | COUNTY STATE  |  |
| 21. I attended the deceased from <b>28 APRIL 59</b> to <b>1 MAY 59</b> and last saw her alive on <b>1 MAY 59</b><br>Death occurred at <b>7:00</b> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.  |                                  |   |  |
| 22a. SIGNATURE<br><b>Evel R. French MD</b>   |                                  | 22b. ADDRESS<br><b>Humansville Mo</b>   |  |
| 22c. DATE SIGNED<br><b>6 May 59</b>  |                                  |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                  | 23b. DATE<br><b>5/3/1959</b>  |  |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>Lindley Prairie Cem.</b>  |                                  | 23d. LOCATION (City, town, or county) (State)<br><b>Cedar County, Mo.</b>   |  |
| 24. FUNERAL DIRECTOR<br><b>Cantlon Fun. Home, Stockton, Mo.</b>  |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>May 23, 1959</b>   |  |
| 26. REGISTRAR'S SIGNATURE<br><b>Ralph Gordon</b>   |                                  |   |  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *John A. Cantlon* .....

Licensed Embalmer No. *4387* .....  
P. O. Address *Stockton, Mo.* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.